Module Three

Arkansas Medicaid Program

Purpose

To define and explain the Medicaid Program in Arkansas so Senior Medicare/Medicaid Patrol Members can better assist beneficiaries.

Objectives

- Understand the Medicaid Program.
- Differentiate between Medicare and Medicaid.
- Be able to assist beneficiaries with program specific questions.
- Know who administers the Medicaid Program in Arkansas.

What Is Medicaid?

Pays medically necessary medical services For needy and low income persons.

Uses state and federal monies

States have flexibility

What is Medicaid Continued?

- Each state administers its own Medicaid Program.
- State legislatures have the authority to make changes in the Medicaid Program.

What is Title XIX?

- Social Security Act.
- Enables states to provide Medical Assistance.
- Enables states to provides rehabilitation services.
- Federally mandated

Medicare vs. Medicaid

- Medicare is a federal health insurance program.
- The nations largest federal health insurance program.
- Medicare is basically the same in every state.
- Covers individuals who are 65 and older.

Medicare vs. Medicaid

- Medicaid is a joint state and federal health care assistance program.
- Medicaid is run by state and local governments within federal guidelines.
- Medicaid pays last.

Medicaid Eligibility

- Based on financial need.
- Individuals can apply in person, or have someone go and apply for them at their local DHHS offices.
- Individuals who wish to apply should have the required documentation.

Basic Medicaid Eligibility Requirements (Categories)

- Aged 65 or older
- Under age 19
- Blind
- Disabled
- Pregnant
- The parent or relative who is a caretaker of a child with and absent, disabled or unemployed parent
- Living in a nursing home

Basic Medicaid Eligibility Requirements Continued

- Under age 21 and in foster care
- In medical need of certain home and community based services
- Have breast cancer or cervical cancer
- Disabled including working disabled

Program for those who cannot get full Medicaid Benefits

- ARKids First A and B
- Medicaid Spend Down
- Women's Health (Family Planning)
- Medicare Saving Program (QMB,SMB and Qi-1)
- Tuberculosis Program

Who Gets Paid?

- Medical bills are paid by federal and state and sometimes county or city tax dollars.
- Medicaid payments are made to providers not to beneficiaries.
- Doctors do not have to participate in or submit bills to Medicaid, so beneficiaries should make sure they are seeing a physician that will take Medicaid.

Medicaid Primary Care Physicians

- When beneficiaries should choose a primary care physician (PCP).
- The different ways a beneficiary can choose a primary care physician.

Medicaid Covered Services

Medicaid covered services are either federally mandated or optional.

Optional services are chosen by the state.

Medicaid Beneficiaries Rights

- All beneficiaries have a right to be treated fairly.
- All beneficiaries have the right to file a complaint.
- Medicaid beneficiaries have the right to request a hearing.
- Medicaid beneficiaries have the right to be notified if benefits are being taken away.

Medicaid Beneficiary Responsibilities

- Beneficiaries should use their benefits wisely.
- They must report any changes to DHHS within 10 calendar days.

Medicaid Charges and Bills

- All bills should be sent to Medicaid by the Provider not to the beneficiary.
- Beneficiaries may have to pay for some medical services and treatments.

Using Medicaid with Medicare or other Medical Insurance

Medicare and Medicaid work together.

If a beneficiary has health insurance and Medicaid, the insurance company must be billed first.

If a beneficiary is injured in an accident, Medicaid will not pay until the other insurance has paid.

Medicaid and Long Term Care

- Long Term Care
- Nursing Homes
- Adult Day Care and Adult Health Care Facilities
- Residential Care Facilities
- Intermediate Care Facilities for the Mentally Retarded

Medicaid and Long Term Care

- Assisted Living Facilities
- Alzheimer's Special Care Units
- Post-Acute Head Injury Facilities
- Alternative Care Facilities
- ElderChoices Program

Choosing a Long Term Care Facility

- The type of facility that best fits the loved ones need.
- The facility's record for following regulations about care.
- The location of the facility.
- Visit potential facilities.
- Talk with other family members who have loved ones in that facility.

Choosing a Long Term Care Facility

- Get information from the Centers for Medicare and Medicaid Services....go to www.medicare.gov and check Nursing Home Quality Comparison
- Get information from the Office of Long Term Care.
- Get a copy of the ASMP "Nursing Home Consumer Guide"
- Check what is posted in the Facility.

Filing A Complaint

- Name of the resident or residents.
- Name of the facility and its address.
- Name of the facility administrator.
- Names of persons who witnessed or have knowledge of the incident.
- Facts of the incident.

Medicaid Administrator

 The Medicaid Program is administered by the:

Department of Health and Human Services

Division of Medical Sciences

Donaghey Plaza South

P.O. Box 1437, Slot 1100

Little Rock, AR 72203

Medicaid Units

- MMIS Systems and Support Unit
- Medical Services Section Unit
- Medical Assistance Unit
- Prescription Drugs Unit
- Provider Reimbursement Unit
- Field Audit Unit
- Utilization Review Unit
- Third Party Liability Units

THE END